Dkt.	No.	
<i></i>		





DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, We hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled_A Composition Incorporating Bacterial Phage Associated Lysing Enzymes for Treating Dermatological Infections_the specification of which:

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				Applicati	ion Serial	. No			and	
				was ame	nded on _					
							(if	applic	able)	
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(APP)	LICATION	SERIAL N		SEPTEMBER 28 FILING DATE)		Peno PATENTED,	ding (STAT PENDING		ONED)	
(APP)	LICATION	SERIAL N	0.) (1	FILING DATE)		PATENTED,	(STAT		ONED)	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

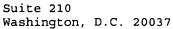
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(301) 603-9071

Jonathan E. Grant Grant Patent Services 2120 L STREET, NW



Time hart from that there that

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or document or any patent issuing thereon.

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Date of signature						
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